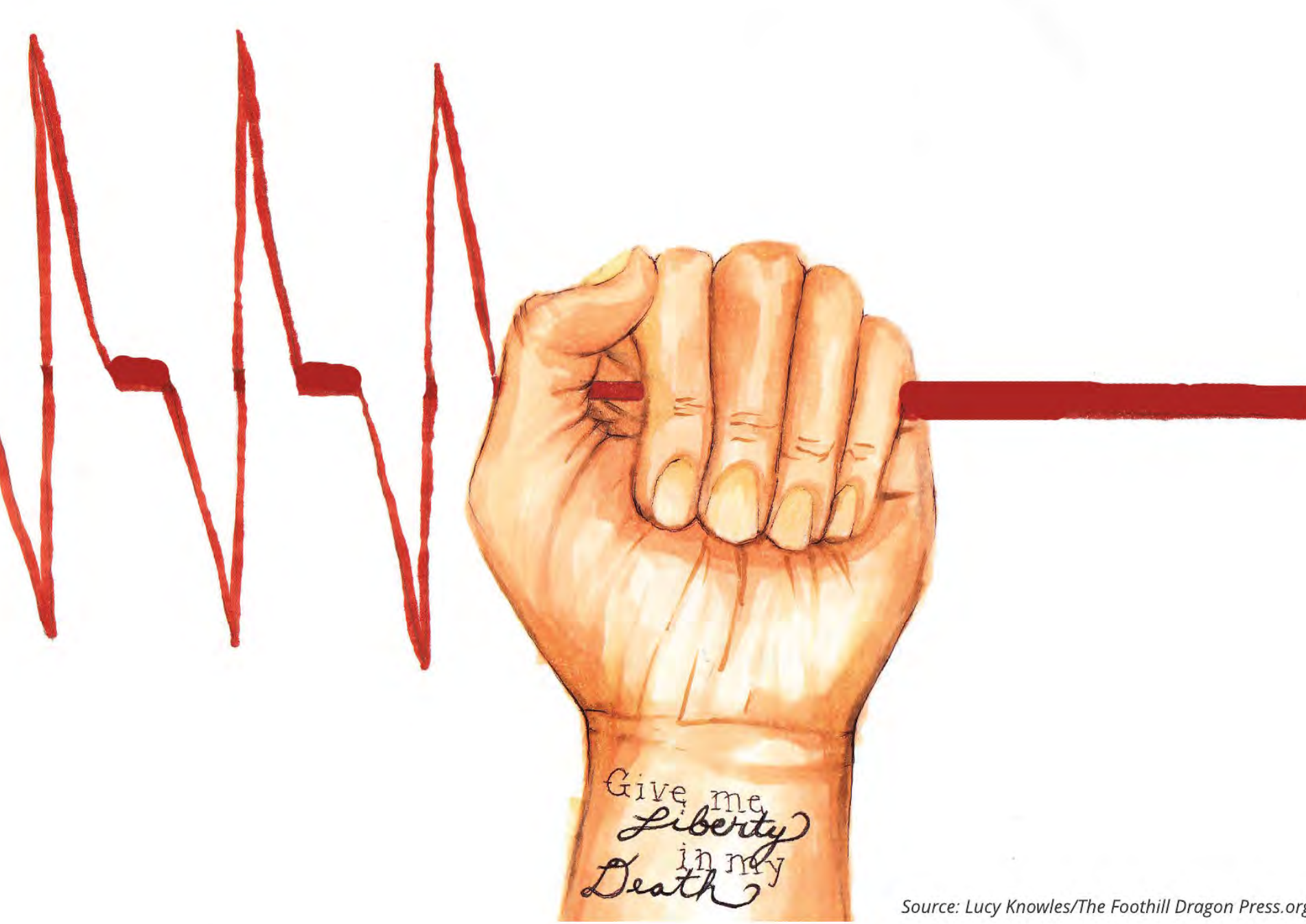


Social Issue:

Today the elderly represent a growing segment of the population. This has resulted in a number of different controversies, including rising medical costs and end-of-life issues. In recent years, multiple states have passed legislation to provide guidance to the terminally ill regarding end-of-life issues. Oregon has led the way in providing dignified options for terminally ill individuals wishing to end their lives through the use of legal prescription medication. This issue of a 'death with dignity' has been a controversial topic on which individuals have a variety of strongly held views, and we have only just begun to come to a new consensus.



[Scan here to view the 2017 Data Summary for the Oregon Death with Dignity Act](#)



Methodology:

- A literature review was conducted using peer reviewed journals and accredited online resources to assemble evidence of researchers.
- An outline of the current Oregon Death with Dignity legislation, the Oregon Revised Statute §127.800 to 127.995, was created to further review the provisions of the legislation within the state.
- Finally, the McInnis-Dittrich ANALYSIS policy model framework was applied to the Oregon Revised Statute to gain further insights and make further recommendations.

On My Own Terms: Effectiveness of Death with Dignity Legislation in Oregon

Megan E. Russell
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Faculty Sponsor: Kristin Bailey-Wallace

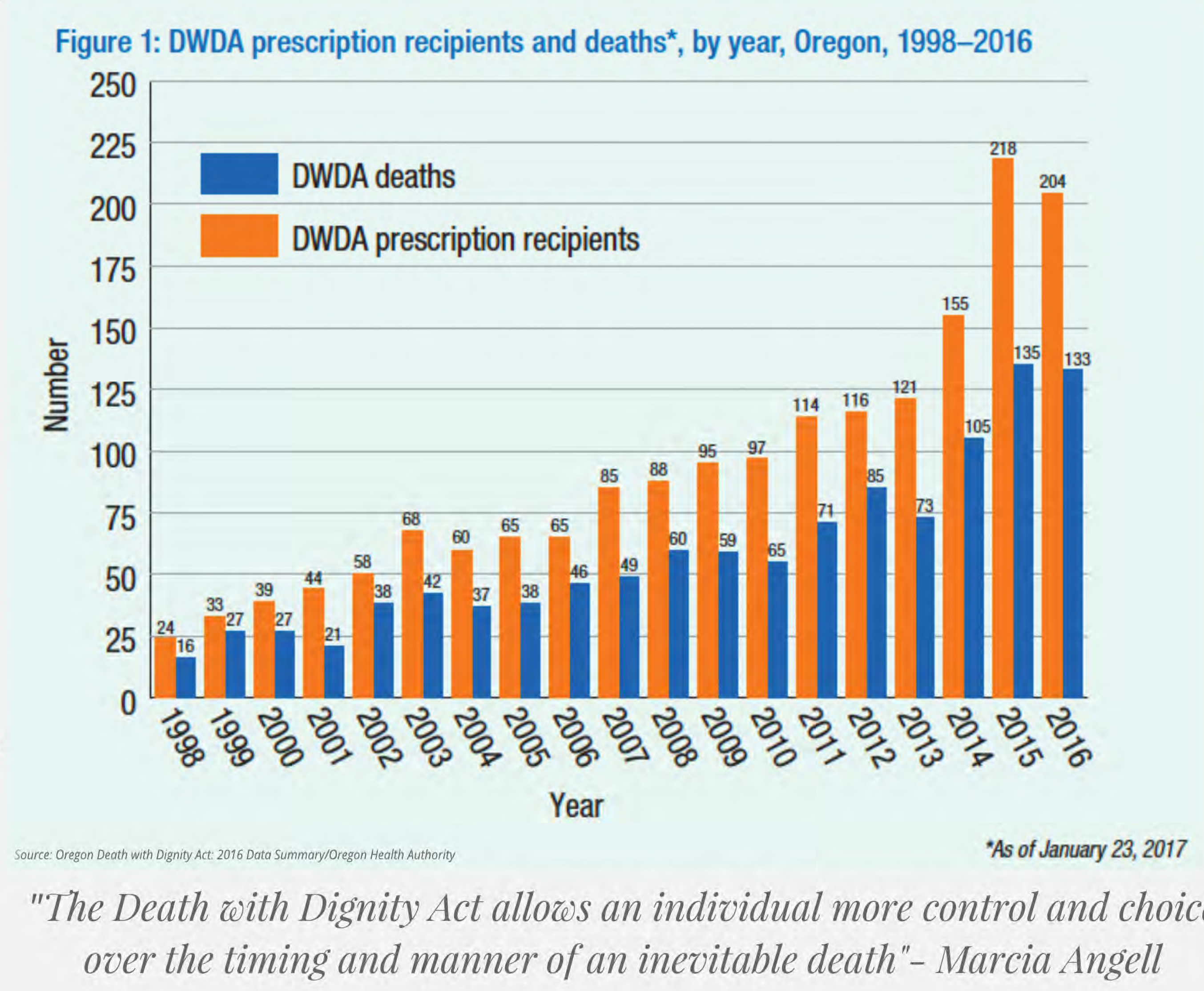
Findings:

The 1990's showed an increase in support for aid-in-dying due to several well publicized cases and the continued rising costs of medical care.

On November 8, 1994 Oregon voters approved Ballot Measure 16, the Oregon Death with Dignity Act, making Oregon the first U.S. state with a physician-assisted dying statute. Despite initial concerns, the legislation has proven to be highly successful and has encountered very few difficulties since its enactment in 1997.

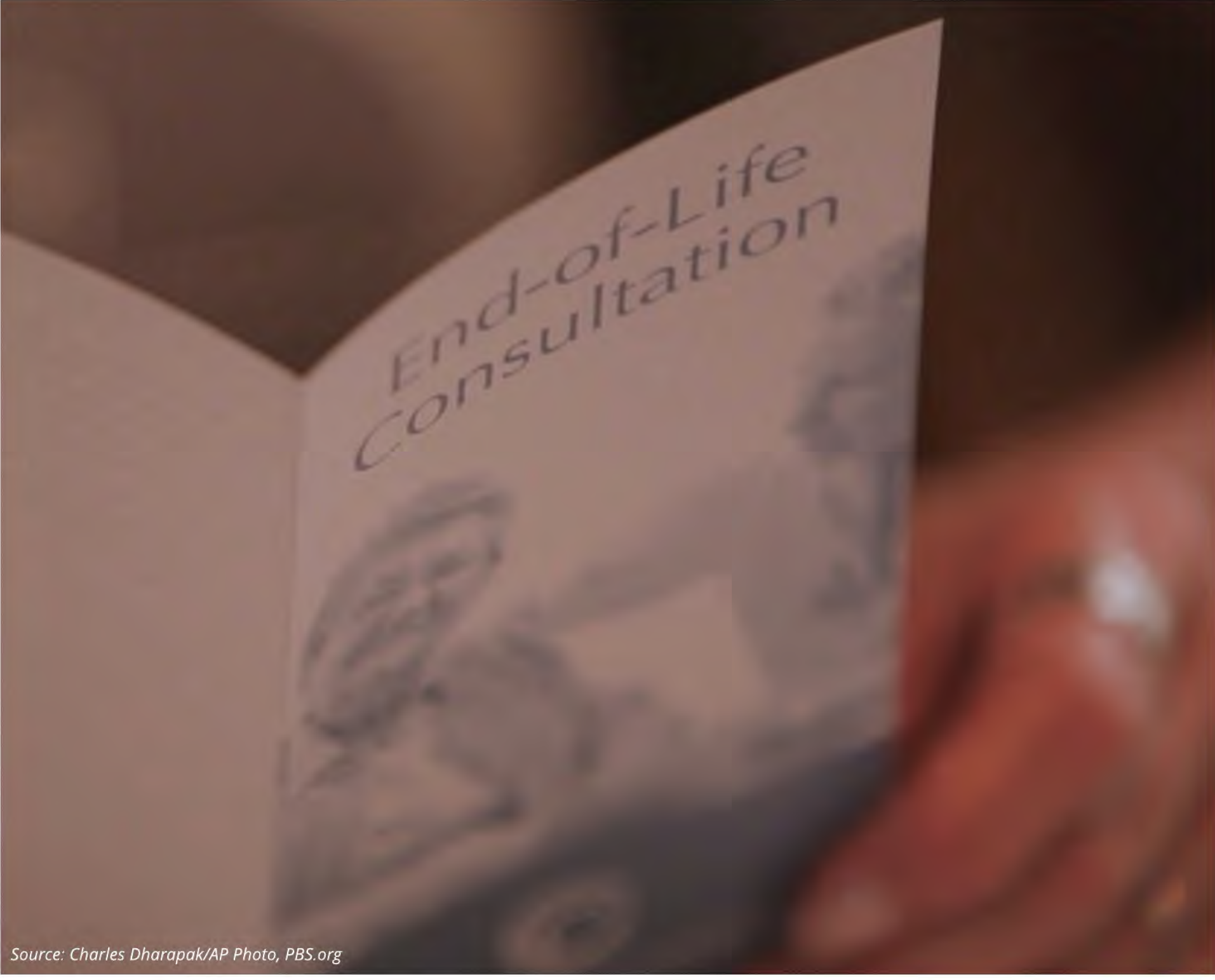


- The U.S. Census Bureau projects that by 2050 the 65+ population is expected to increase to 83.7 million.
 - An increasing segment of the aging population is suffering from chronic and incurable conditions which are disproportionately expensive and can be seen as a significant proportion of medical expenses at end-of-life.
 - In response to the challenging emotional and monetary costs of end-of-life care, individuals have begun to consider alternatives.
- A data summary regarding the effectiveness of the legislation has been published annually by the Oregon Health Authority since 1998.
 - According to the annual report, many eligible individuals who were provided the opportunity to access the ODWDA did not carry out their intent to ingest the medication, but were able to discuss issues in a new way with their physicians and family members.
 - During 2016, the rate of ODWDA deaths was 37.2 per 10,000 total deaths.
 - 71% of those who access the ODWDA are 65+, the median age being 71.



Implications for Social Work Practice:

A social worker should determine client concerns to be more effective in guiding the discussion and helping to best meet the needs of the client and their family in order to enhance the dignity of their final hours. Social workers may also help to build the bridge between the patient and their families in these end-of-life discussions.



Conclusion:

Attitudes concerning end-of-life issues only continue to evolve. Since the passing of the Oregon Death with Dignity Act in 1997, it has shown to be a highly effective piece of legislation. States which implement similar legislation have the opportunity to provide compassionate and dignified end-of-life alternatives to terminally-ill residents.